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Under the P		o respond to a collection of information unless it displays a valid OMB control number Complete if Known						
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/551,809-Conf. #6770)
FEE TRANSMITTAL For FY 2009						September 30, 2005		
				First Named Inventor		Hiroyuki OSADA		
				Examiner Name L		L. V. Cook		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1641				-	
TOTAL AMOUNT OF PAYMENT		(\$) 130.00		Attorney Docket No. 3		3749-0106PUS1		
METHOD OF	F PAYMENT (check	all that apply)						
Check	Credit Card	Money Order	No	ne Other	(please identif	y):		
X Deposit A	ccount Deposit Account P	iumber:02	-2448	Deposit	Account Name	Birch, Stewa	rt, Kolasch &	Birch, LLP
For the	above-identified depo	sit account, the D	Director is	s hereby authorize	ed to: (chec	k all that apply)	
x C	Charge fee(s) indicated	below		Charg	je fee(s) ind	ficated below, e	except for t	he filing fee
X C	charge any additional f	ee(s) or underpay 16 and 1.17	yments c	f x Credit	any overpa	ayments		
FEE CALCU	LATION							
1. BASIC FILIN	IG, SEARCH, AND EX	KAMINATION FE	ES					
İ	FIL	ING FEES	SE	ARCH FEES	EXAMIN	IATION FEES	3	
Application T	ype Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 52	Fee (\$) 26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)	М	ultiple Depend		
14 -20 or HP 0 x 52.00 =				0.00	_		Fee Paid (
1	nber of total claims paid for,				_ 39	0.00	0.00	_
Indep. Claims	Extra Claims		F	ee Paid (\$)				
	- 3 or HP = 0 nber of independent claims	× 220.00 =	n 2	0.00				
3. APPLICATIO		para ror, ii greater tre	J.					
If the specific	ation and drawings ex	ceed 100 sheets	of paper	(excluding electr	onically fil	ed sequence or	computer	
listings und sheets or fi	der 37 CFR 1.52(e)), traction thereof. See 3.	he application siz 5 U.S.C. 41(a)(1)	ze fee du)(G) and	ie is \$270 (\$135 i 37 CFR 1.16(s).	for small er	tity) for each a	dditional 5	0
Total Shee	ts Extra Sheets	Number	of each a	dditional 50 or fra			Fee	Paid (\$)
4. OTHER FEE	100 =			(round up to a who	ole number)	×	Feee	Paid (\$)
	Specification, \$130	fee (no small en	tity disc	ount)			rees	raiu (5)
	late filing surcharge):				rst month		13	0.00
SUBMITTED BY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Signature	m			Registration No. (Attorney/Agent)	40,069	Telephone	(703) 20	5-8000
Name (Print/Type)	lame (Print/Type) MaryAnne Armstrong					Date	Septembe	r 1, 2009
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